

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013929

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 369

Primary Registration District No. 6253

Registrar's No. 2

2

VS 300  
Rev. 4/59

1 1110

2 1110

3

4 0

5 1

6

7 0

8 0

9 4201

10

11

12 90-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

Wayne

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Williamsville

Length of stay in lb  
14 mos.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION In Home

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Wayne

c. CITY  
OR TOWN Williamsville

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First GUY

Middle (None)

Last MACOM

4. DATE  
OF DEATH

Month March

Day 1

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-15-1907

9. AGE (last birthday)

54

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Senath, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William C. Macom

13b. MOTHER'S MAIDEN NAME

Dorothy Gibson

14. NAME OF HUSBAND OR WIFE

Bertha Macom

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
yes

16. SOCIAL SECURITY NO.

26-1110-2

17. INFORMANT

Walter Macom Eidenko

Address

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute Coronary Occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

30 min.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

arterio sclerosis

DUE TO (c)

15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1 1950 to 3-1-62 and last saw him alive on 2-15-62

Death occurred at 6 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

22 Hopkins, MD

22b. ADDRESS

Eidenko, Mo

22c. DATE SIGNED

3-7-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

Burial 3/4/1962

23c. NAME OF CEMETERY OR CREMATORY

Malden Park

23d. LOCATION (City, town, or county)

Malden Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lloyd Russell Figgott

25. DATE RECD. BY LOCAL REG.

March 27

26. REGISTRAR'S SIGNATURE

Shields Louban

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

APR 10 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lloyd Russell*

Licensed Embalmer No.

*509-Ark*

P. O. Address

*Piggott, Ark*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.